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Bib Data Sheet

CONFIRMATION NO. 3471

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|-----------------------------|-----------------------------------|--------------|------------------------|--|
| SERIAL NUMBER 09/965,883 | FILING DATE 09/28/2001 RULE | CLASS 711 | GROUP ART UNIT 2185 | ATTORNEY DOCKET NO. COMP0245/FLE P01-3689 |
|-----------------------------|-----------------------------------|--------------|------------------------|--|

APPLICANTS

Tim Majni, The Woodlands, TX;
 Gary J. Piccirillo, Cypress, TX;
 John M. MacLaren, Cypress, TX;
 Robert A. Lester, Tomball, TX;
 John E. Larson, Houston, TX;
 Jerome J. Johnson, Spring, TX;
 Benjamin H. Clark, Spring, TX;
 Patrick L. Ferguson, Cypress, TX;
 Siamak Tavallaei, Spring, TX;
 Jeffrey S. Autor, Houston, TX;
 Christian H. Post, Spring, TX;
 Dan Zink, Cypress, TX;
 Jeffery Galloway, Woodlands, TX;
 Bret D. Roscoe, Tomball, TX;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/30/2001

| | | | | | | | |
|---------------------------|---|---------------------------------|--|------------------------|---------------------|--------------------|--------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY TX | SHEETS DRAWING 7 | TOTAL CLAIMS 91 | INDEPENDENT CLAIMS 14 |
| Verified and Acknowledged | | Examiner's Signature | Initials | | | | |

ADDRESS

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 Fletcher, Yoder & Van Someren
 P.O. Box 692289
 Houston, TX 77269-2289

TITLE

Error indication in a raid memory system

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|-----------------------------|---|--|
| FILING FEE RECEIVED 2998 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
|-----------------------------|---|--|